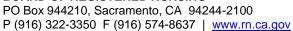


BOARD OF REGISTERED NURSING





TOLLED PROBATIONER UPDATE

PERSONAL INFORMATION	
Name:	RN License Number:
Address:	Is your RN License Active? Yes \(\square\) No \(\square\)
	Telephone Number:
(Include street, city, zip code)	Is this a new address? Yes No No
Email	
Expected Return date to California	
Please note any questions you would like answered regarding your probation period:	
Do you have any intention on returning to California Yes No No Would you like any information on surrendering your California License Yes No	
Your Signature	Date

Return Form to:

Board of Registered Nursing Probation Unit PO Box 944210 Sacramento, CA 94244-2100

Or

Fax: (916) 574-8636 Attention Probation Unit